Application for Federal Employment--SF 171

Read the instructions before you complete this application. Type or print clearly in dark ink. DO NOT WRITE IN THIS AREA GENERAL INFORMATION What kind of job are you applying for? Give title and announcement no. (if any) FOR USE OF EXAMINING OFFICE ONLY Date entered register Form reviewed: Form approved: Social Security Number Male Female Earned Veteran Augmented Rating Grade Option Rating Preference Birth date (Month, Day, Year) Birthplace (City and State or Country) Preference Claimed 5 Points (Tentative) Name (Last, First, Middle) 10 Points 130% Or More Mailing Address (include apartment number, if any) Comp Dis.) 10 Points (Less Than 30% Comp Dis.) City State 7IP Code Other 10 points Initials and Date Disallowed Being Investigate Other Names ever used (e.g., maiden name, nickname, etc.) FOR USE OF APPOINTING OFFICE ONLY 9 Work Phone Home Phone Area Code | Number Perference has been verified through proof that the separation was under honorable conditions, and other proof as required. 8 Area Code Number Extension 10-Point--30% or More 10-Point--Less Than 30% Compensable Disability 5-Point 10 Point-Other 10 Were you ever employed as a civilian by the Federal Government? If "NO", go to Item 11. If "YES", mark each type of job you held with an "X". Signature and Title Temporary Career-Conditional Career Excepted What is your highest grade, classification series and job title? Date Agency Dates at **highest** grade: FROM ΤO MILITARY SERVICE AVAILIBITY 1 When can you start work? (Month and Year) 12 What is the lowest pay you will a (You will not be considered for which pay less than you indicate.) 19 Were you discharged from the military service under honorable NO were you discharged from the military service under nonorable conditions? (If your discharge was changed to "honorable" or "general" by a Discharge Review Board, answer "YES". If you received a clemency discharge, answer "NO".

If "NO", provide below the date and type of discharge you Pay \$ OR Grade received 13 In what geographic area(s) are you willing to work? Discharge Date (Month, Day, Year) Type of Discharge 20 List the dates (Month, Day, Year), and branch for all active duty military YES NO **14** Are you willing to work: A. 40 hours per week (full-time)?_ From To Branch of Service B. 25-32 hours per week (part-time)?_ C. 17-24 hours per week (part-time)?_ D. 16 or fewer hours per week (part-time) 21 If all your active military duty was after October 14, 1976, list the full names and dates of all campaign badges or expeditionary medals you received or were entitled to receive. E. An intermittal job (on-call/seasonal)?_ F. Weekends, shifts, or rotating shifts?-15 Are you willing to take a temporary job lasting: A. 5 to 12 months (sometimes longer)?_ **22** Read the instructions that came with this form before completing this item. When you have determined your eligibility for veteran preference from the instructions, place an "X" in the box next to your veteran preference claim. B. 1 to 4 months?___ C. Less than 1 month? _ _ _ 16 Are you willing to travel away from home for: NO PREFERENCE A. 1 to 5 nights each month? _ _ 5-POINT PREFERENCE -- You must show proof when you are hired. B. 6 to 10 nights each month?_ 10-POINT PREFERENCE -- If you claim 10-point preference, place an "X" in the box below next to the basis for your claim. To receive 10-point preference you must also complete a Standard Form 15, Application for 10-Point Veteran Preference, which is available from any Federal Job Information Center, ATTACH THE COMPLETE SF 15 AND REQUESTED PROOF TO THIS APPLICATION. C. 11 or more nights each month? |MILITARY SERVICE YES NO Have you served in the United States Military Service? If your only active duty was training in the Reserves or National Non-compensably disabled or Purple Heart recipient. Guard, answer "NO". If "NO", go to item 22.---Compensably disabled, less than 30 percent. 18 Did you or will you retire at or above the rank of major or Spouse, widow(er), or mother of a deceased or disabled veteran. lieutenant commander? -Compensably disabled, 30 percent or more. THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER NSN 7540-00-935-7150 171-110

PREVIOUS EDITION USABLE UNTIL 12-31-90

VORK EXPERIENCE - If you have no work exper 23 May we ask your present employer about your character, qualifications, a	rience, write "NON	NE" in A bel	ow and go to	25 on page 3
24 READ WORK EXPERIENCE IN THE INSTRUCTIONS BEFORE YOU BEGIN.	ve can offer you a job, we v	vill contact you fir.	St	e all parts of the
Describe your current or most recent job in Block A and work back describing each job you held during the past 10 years. If you unemployed for longer than 3 months within the past 10 years, list the and your address(es) in an experience block.	wards, experience block were supervisory exp dates responsibilities in	c just as you w perience. Describ a a separate experi	ould for a non-milita e each major cha ence block.	ary job, including all ange of duties or esheets of paper the
 You may sum up in one block work that you did more than 10 years ag if that work is related to the type of job you are applying for, describe related job in a separate block. 	same size as this B below). On each announcement no	s page (be sure to ch sheet show you umber or job title.	include all information ur name, Social Secu	n we ask for in A and urity Number, and the
 INCLUDE VOLUNTEER WORK (non-paid work)—If the work (or part of the is like the job you are applying for, complete all parts of the experience just as you would for a paying job. You may receive credit for experience with religious, community, welfare, service, and 	block paper. work rether • IF YOU NEED TO		·	-171-A or a sheet of , use the SF-172 or a
organizations. A lame and address of employer's organization (include ZIP Code, if known)	Dates employed (give more		Average number of hours per week	Number of employees you supervised
	From: To:		·	
	Salary or earnings		Your reason for war	nting to leave
	Starting	per		
Your immediate supervisor Exact title of	Ending of your job		 ent <i>(civilian or military)</i> lis	
Name Area Code Telephone No.	,	and if promoted in 1	this job, the date of your I	ast promotion
			I	
Bame and address of employer's organization (include ZIP Code, if known)	Dates employed (give mo	nth,day and year)	Average number of hours per week	Number of employees you supervised
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	Salary or earnings		Your reason for war	nting to leave
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Your immediate supervisor Name Area Code Telephone No.	f your job		ent <i>(civilian or military)</i> lis this job, the date of your l	
Description of work: Describe your specific duties, responsibilities and accordescribe more than one type of work (for example, carpentry and painting, ceach.				

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	Did you graduate from high school? <i>If you</i>			ol equivale	ncy 2		Vrite the I									ol you	
YES If "YES", give month and year graduated or received GED equivalency:						27 Have you ever attended YES If "YES", continue with 28											
NO If "NO", give the highest grade you completed:					OLEY (college or graduate school? NO If "NO", go to 3											
28 NAME AND LOCATION (city, state and ZIP Code) OF C to graduate within nine months, give the month and year			COLLEGE O ear you exp	DLLEGE OR UNIVERSITY ar you expect to receive			your degree:		MONTH AND YEAR ATTENDED			F CREDIT MPLETED	TYPE OF DEGREE		MONTH AND YEAR		
	Name			City	Sta	ate	ZIP Code	From	То	Seme	ster	Quarter	(e.g. B	s.A.,M.A.)	OF DI	EGREE	
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29	CHIEF UNDERGRADUATE SUBJE	CTS		NUMBER OF CREDIT HOURS COMPLETED					RADUAT						R OF CREDIT		
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						2) 3)											
31		r training rel	lated to the	kind of ic	bs vou		applying f	or (trade.	vocational.	Armed Fo	orces.	business) (give in	formatio	n belo	w.	
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	or received GED equivalency: If "NO", give the highest grade you NAME AND LOCATION (city, state and ZIP Code) Or to graduate within nine months, give the month and Name 1) 2) 3) CHIEF UNDERGRADUATE SUBJECTS Show major on the first line	and ZIP Co	de) OF SCH	HOOL	F	rom	ENDED To	ROOM HOURS	SUBJECT(S)						YES	NO	
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SF	PECIAL SKILLS. ACCOMPL	ISHME	NTS A	ND AV	VAF	RDS	3										
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33		elated licens	ses or certi	ficates tha	t you	have,	such as:	registere	d nurse; I	awyer; r	radio	operator	; _i drive	r's; pilot	's; etc),	
	minute can you: TYPE? TAKE DICTATION?	LI	CENSE OR	CERTIFICA	ATE				DATE OF OR (LATEST CERTIFIC			LIC	TATE O	r oth Gagen	ER VCY	
35	language)? Applicants for jobs that require a langua	ge other than		,	If "N	10 ", (list each go to 36 .		and place	an "X"	' in e	ach colui					
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IR 36	SLIST three people who are not related to v	ou and are	not superv	isors vou l	isted ı	under	24 who	know vo	ur qualific	ations a	nd fi	tness for	the k	ind of id	b for	which	
30	you are applying. At least one should know	v you well o	n a person	al basis.										1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	
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	(GRO cation		NFORMATION - You mus	t answer each que	estion in t	his section before we car	n prod	ces	s yo	
37	Are you	a citizen of	f the United States? (In most cases you and provided in the country of the countr			I be required to submit proof of identit	y and Y	ES	NO	
expl any cou who	FE: It is lanation violation rt or und ose reco can stil	important (s) in Item n of law c der a You rd was ex I be cons	that you give complete and truthful 145. Include convictions resulting frommitted before your 16th birthday; th Offender law; 4) any convictions repunged under Federal or State law. Videred for Federal jobs. However, if you, for firing you after you begin were supposed to the control of the	answers to questions 38 om a plea of nolo contend 3) any violation of law coet aside under the Federa We will consider the date, you fail to tell the truth	through 44. dere (no conto ommitted befoll Youth Corre facts, and co	est). Omit: 1) traffic fines of \$10 ore your 18th birthday, if finally de actions Act or similar State law; 5 roumstances of each event you lis all relevant events or circumstance	0.00 or cided in any co t. In mo	less juve onvic st ca	s; 2) enile ction ases	
38	During th mutual ag	e last 10 y greement b	ears, were you fired from any job for any ecause of specific problems?	reason, did you quit after be i	ng told that yo	ou would be fired, or did you leave by	_	ES	NO	
39	Have you by impris	ever been	convicted of, or forfeited collateral for an longer than one year, except for violations	y felony conviction? (General s called misdemeanors under	lly, a felony is State law whi	defined as any violation of law punisha ch are punishable by imprisonment of to	ble wo			
40	Have you	ever been	convicted of, or forfeited collateral for an	y firearms or explosives viola	tion?					
			charges for any violation of law?ears, have you forfeited collateral, been c							
	violations	reported in	n 39, 40, or 41, above	·		·				
			convicted by a military court-martial? If n							
			on any Federal debt? (<i>Include delinquencie</i> us defaults on Federally guaranteed or ins							
45		39 t 44 -	Explain for each job the problem(s) and y hrough 43 - Explain each violation. Give Explain the type, length and amount of the identification number associated with the uneed more space, use a sheet of paper,	place of occurrence and nam ne delinquency or default, and e debt and the address of the	e/address of po d steps you are Federal agenc	olice or court involved. e taking to correct errors or repay the d	ebt. Giv	e any	У	
	Item No.	Date (Mo./Yr.)	Explanation			Mailing Address				
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					City		State	ZIP (Code	
					Name of Em	oloyer, Police, Court, or Federal Agency	<u> </u>			
					City		State	ZIP (Code	
46		receive, or nent service	have you ever applied for retirement pay, a?	pension, or other pay based	on military, Fe	deral civilian, or District of Columbia	<u>Y</u>	ES	NO	
47	sister-in-	law; stepfa	tives work for the United States Governm sister; uncle; aunt; first cousin; nephew; i ather; stepmother; stepson; stepdaughter; etails below. If you need more space, us	stepbrother; stepsister; half	ned Forces? Ind n-law; son-in-la brother; and h	lude: father; mother; husband; wife; sow; w; daughter-in-law; brother-in-law; alf sister)n; 			
-			Name	Relationship	De	Department, Agency or Branch of Armed Ford				
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YC	A false or imprise of imprise of imprise of you at Federal of underself conservations of the control of the con	tatatement (Use a male be employment that a to the rate and organism and organism that, to the	ERTIFICATION, AND REL SIGN THIS APPLICAT on any part of your application may be gr. s. Code, title 18, section 1001). For after December 31, 1959 you must be true to use the section 1 give may be investigated release of information about my ability a parizations, to investigators, personnel state best of my knowledge and belief, all of the each application in dark ink)	ON. Read the folko ounds for not hiring you, or be registered with the Select ur status at the time of appo as allowed by law or Preside and fitness for Federal emple fing specialists, and other at	Dwing care for firing you a live Service Systematic order. oyment by enactorized employed, complete,	fter you begin work. Also, you may be stem or have a valid exemption in orde aployers, schools, law enforcement ag oyees of the Federal Government.	r to be e	ligible	e for	

Standard Form 171

Application for Federal Employment

Read the following instructions carefully before your complete this application

- DO NOT SUBMIT A RESUME INSTEAD OF THIS APPLICATION.
- TYPE OR PRINT CLEARLY IN DARK INK.
- IF YOU NEED MORE SPACE for an answer, use a sheet of paper the same size as this page. On **each** sheet write your name, Social Security Number, the announcement number or job title, and the item number. Attach all additional forms and sheets to this application at the top of page 3.
- If you do not answer all questions fully and correctly, you may delay the review of your application and lose job opportunities.
- Unless you are asked for additional material in the announcement or qualification information, **do not attach** any materials, such as: official position descriptions, performance evaluations, letters of recommendation, certificates of training, publications, etc. Any materials you attach which were not asked for may be removed from your application and will **not** be returned to you.
- We suggest that you keep a copy of this application for your use. If you plan to make copies of your application, we suggest you leave items 1, 48 and 49 blank. Complete these blank items each time you apply. YOU MUST SIGN AND DATE, IN INK, EACH COPY YOU SUBMIT.
- To apply for a specific Federal civil service examination (whether or not a written test is required) or a specific vacancy in a Federal agency:
- -- Read the announcement and other materials provided.
- Make sure that your work experience and/or education meet the qualification requirements described.
- Make sure the announcement is open for the job and location you are interested in. Announcements may be closed to receipt of applications for some types of jobs, grades, or geographic locations.
- -- Make sure that you are allowed to apply. Some jobs are limited to veterans, or to people who work for the Federal Government or have worked for the Federal Government in the past.
- -- Follow any directions on "How to Apply". If a written test is required, bring any material you are instructed to bring to the test session. For example, you may be instructed to "Bring a completed" SF 171 to the test." If a written test is not required, mail this application and all other forms required by the announcement to the address specified in the announcement.

Work Experience (Item 24)

- Carefully complete each experience block you need to describe your work experience. Unless you qualify based on education alone, your rating will depend on your description of previous jobs. Do not leave out any jobs you held during the last ten years.
- Under **Description of Work**, write a **clear** and **brief**, but **complete** description of your major duties and responsibilities for each job. Include any supervisory duties, special assignments, and your accomplishments in the job. We may verify your description with your former employers.
- If you had a major change of duties or responsibilities while you worked for the same employer, describe each major change as a separate job.

Veteran Preference in Hiring (Item 22)

- DO NOT LEAVE Item 22 BLANK. If you do not claim veteran preference, place an "X" in the box next to "NO PREFERENCE".
- You cannot receive veteran preference if you are retired or plan to retire at or above the rank of major or lieutenant commander, unless you are disabled or retired from the active military Reserve.
- To receive veteran preference your separation from active duty must have been under honorable conditions. This includes honorable and general discharges. A clemency discharge does not meet the requirements of the **Veteran Preference Act**.
- Active duty for training in the military Reserve and National Guard programs is not considered active duty for purposes of veteran preference.
- To qualify for preference you must meet **ONE** of the following conditions:
 - 1. Served on active duty anytime between December 7, 1941, and July 1, 1955; (If you were a Reservist called to active duty between February 1, 1955 and July 1, 1955, you must meet condition 2, below.)
 - Served on active duty any part of which was between July 2, 1955, and October 14, 1976 or a Reservist called to active duty between February 1, 1955 and October 14, 1976 and who served for more than 180 days;
- **3.** Entered on active duty between October 15, 1976 and September 7, 1980 or a Reservist who entered on active duty between October 15, 1976 and October 13, 1982 and received a Campaign Badge or Expeditionary Medal or are a disabled veteran;

or

- **4.** Enlisted in the Armed Forces after September 7, 1980 or entered active duty other than be enlistment on or after October 14, 1982 and:
 - a. completed 24 months of continuous active duty or the full period called or ordered to active duty, or were discharged under 10 U.S.C. 1171 or for hardship under 10 U.S.C. 1173 and received or were entitled to receive a Campaign Badge or Expeditionary Medal; or
 - b. are a disabled veteran.
- If you meet one of the four conditions above, you qualify for 5-point preference. If you want to claim 5-point preference and do not meet the requirements for 10-point preference, discussed below, place an "X" in the box next to "5-POINT PREFERENCE".
- If you think you qualify for 10-Point Preference, review the requirements described in the Standard Form (SF) 15, Application for 10-Point Veteran Preference. The SF 15 is available from any Federal Job Information Center. The 10-point preference groups are:
 - -- Non-Compensably Disabled or Purple Heart Recipient.
 - Compensably Disabled (less than 30%).
 - -- Compensably Disabled (30% or more).
 - -- Spouse, Widow(er) or Mother of a deceased or disabled veteran.
- If you claim 10-point preference, place an "X" in the box next to the group that applies to you. To receive 10-point preference you must attach a completed

Privacy Act and Public Burden Statements

The Office of Personnel Management is authorized to rate applicants for Federal jobs under sections 1302, 3301, and 3304 of title 5 of the U.S. Code. Section 1104 of title 5 allows the Office of Personnel Management to authorize other Federal agencies to rate applicants for Federal jobs. We need the information you put on this form and associated application forms to see how well your education and work skills qualify you for a Federal job. We also need information on matters such as citizenship and military service to see whether you are affected by laws we must follow in deciding who may be employed by the Federal Government.

We must have your Social Security Number (SSN) to keep your records straight because other people may have the same name and birth date. The SSN has been used to keep records since 1943, when Executive Order 9397 asked agencies to do so. The Office of Personnel Management may also use your SSN to make requests for information about you from employers, schools, banks, and others who know you, but only as allowed by law or Presidential directive. The information we collect by using your SSN will be used for employment purposes and also may be used for studies, statistics, and computer matching to benefit and payment files.

Information we have about you may also be given to Federal, State, and local agencies for checking on law violations or for other lawful purposes. We may send your name and address to State and local Government agencies, Congressional and other [public offices, and public international organizations, if they request names of people to consider for employment. We may also notify your school placement office if you are selected for a Federal job.

Giving us your SSN or any of the other information is voluntary. However, we cannot process your application, which is the first step toward getting a job, if you do not give us the information we request. Incomplete addresses and ZIP Codes will also slow processing.

Public burden reporting for this collection of information is estimated to vary from 20 to 360 minutes per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room 6410, Washington, D.C. 20415; and to the Office of Management and Budget,

Form Approved: OMB No. 3206-0012

Standard Form 171-A--Continuation Sheet for SF 171

· Attach all SF 171-A's to your application at the top of page 3. 1. Name (Last, First, Middle Initial) 2. Social Security Number 3. Job Title or Announcement Number You Are Applying For 4. Date Completed DDITIONAL WORK EXPERIENCE BLOCKS Name and address of employer's organization (include ZIP Code, if known) Dates employed (give month, day and year) Average number of hours per week vou supervised From: To: Salary or earnings Your reason for wanting to leave Starting per Ending Your immediate supervisor If Federal employment (civilian or military) list series, grade or rank, and if promoted in this job, the date of your last promotion Exact title of your job Name Area Code Telephone No. Description of work: Describe your specific duties, responsibilities and accomplishments in this job, **including** the job title(s) of any employees you supervise. If you describe more than one type of work (for example, carpentry and painting, or personnel and budget), write the approximate percentage of time you spent doing Average number of Name and address of employer's organization (include ZIP Code, if known) Dates employed (give month, day and year) Number of employees hours per week vou supervised From: To: Salary or earnings Your reason for wanting to leave Starting per Ending If Federal employment (civilian or military) list series, grade or rank, and if promoted in this job, the date of your last promotion Your immediate supervisor Exact title of your job

Description of work: Describe your specific duties, responsibilities and accomplishments in this job, including the job title(s) of any employees you supervise. If you describe more than one type of work (for example, carpentry and painting, or personnel and budget), write the approximate percentage of time you spent doing

Area Code Telephone No.

Name

Standard Form 171-A--Continuation Sheet for SF 171 (Back) · Attach all SF 171-A's to your application at the top of page 3.

1. Name (Last, First, Middle Initial) 2. Social Security Number 3. Job Title or Announcement Number You Are Applying For 4. Date Completed DDITIONAL WORK EXPERIENCE BLOCKS Average number of hours per week Name and address of employer's organization (include ZIP Code, if known) Number of employees Dates employed (give month, day and year) you supervised From: To: Salary or earnings Your reason for wanting to leave Starting per Ending If Federal employment (civilian or military) list series, grade or rank, and if promoted in this job, the date of your last promotion Your immediate supervisor Exact title of your job Area Code Telephone No. Name

Description of work: Describe your specific duties, responsibilities and accomplishments in this job, including the job title(s) of any employees you supervise. If you describe more than one type of work (for example, carpentry and painting, or personnel and budget), write the approximate percentage of time you spent doing